

CLAIMS ONLY							Application Number		Filing Date	
							<i>16/608990</i>			
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep
1	/									
2		/								
3	/									
4	/									
5	/	0								
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49										
50										
Total Indep	3		2		11					
Total Depend	22	←	4	←	4	←				
Total Claims	25		0		16					